| CERTIFICATION OF | LOCAL GOVER | RNMENT FIRE SEF | RVICES EQUI | PMENT | |
|---|---|---|---|---|--------------|
| 1. PROCUREMENT AGENCY | | | 2. EFFECTIVE I | DATES OF CERTIFICATION | N: |
| a. Idaho Department of Lands Southwest Idaho FPD b. Agreement No. IDL-610-08-00 | | | a. Beginning: 06/01/2008 | | |
| 8355 W. State Street | | | b. Ending: 05/30/2009 | | |
| Boise, ID 83714 | | | c. Specific incident only: | | |
| c. Phone: 208-334-3488 d. FAX: 208-853-6372 | | | Incident Name: (on Resource Order) | | |
| 3. FIRE DEPARTMENT a. | | | Incident Number: (on Resource Order) | | |
| b. EMPLOYER ID NUMBER: d. EMAIL ADDRESS: | | | 4. POINT OF HI | RE nired if different than Block 3 | 3): |
| e. Phone (Day): Phone (Night): | | | | | |
| Cell Phone: FAX: | | | 5. ORDERING DISPATCH CENTER: Boise Dispatch Center | | |
| 6. THE FOLLOWING EQUIPMENT IS BEING PROVIDED | | | · · · · · · · · · · · · · · · · · · · | | |
| XFully OperatedUnoperatedAct | | | FUEL/OIL PROVIDED BY FSO:XYesNo | | |
| | 8. HRLY/DAII | LY/MILEAGE/SHIFT | | | |
| 7. ITEM DESCRIPTION: List NWCG Equipment Type then provide: Make, Model, Year, VIN, or Serial No. | DINOIS | TT ' | Number of Operators | 9. SPECIAL | |
| | Rate | Unit Hr Day/1 shift | | | |
| | | Day/2 shifts Hr Day/1 shift Day/2 shifts | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 10. SPECIAL PROVISIONS: Fully operated rates. Number of personnel is the mir | imum required pe | r operational period. | | | |
| HOURLY RATES APPLY TO FIRST AND LAST DAY, I | NOT TO EXCEED I | DAILY RATES. | | | |
| Original payment packages are to be returned to the the Interagency Incident Business Management Han- | Idaho Department | t of Lands ordering of | | | as stated in |
| When an FSO resource (Supporting Party) is needed mutual assistance agreement, or for a dispatch outs through the wildland agency's dispatch center (Prote the current CERTIFICATION OF LOCAL GOVERNMENT) | d for wildland fire in the side their District/necting Party) and continuous for the side of the side | response beyond su nutual response zone confirmed through II | ppression assis e, an FSO resou DL for billing pu | tance <i>as described in the</i> rce order shall be reques | sted |
| 11. SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT: | | 12. SIGNATURE OF FIRE WARDEN: | | | |
| 13. PRINT NAME AND TITLE: | 14. DATE: | 15. PRINT NAME AND TITLE: Dan Christman, Resource Supervisor - Fire | | | |

CERTIFICATION FOR LOCAL GOVERNMENT FIRE SERVICES PERSONNEL AND EQUIPMENT

- A. The equipment listed on page 3 meets all of the minimum requirements found in the Idaho Department of Lands *Fire Service Organization Rate Book* (FSO Rate Book) for use and operation of the equipment type identified.
- B. Failure to accurately classify the equipment type as described in the FSO Rate Book shall result in a down grade of typing and a reduction in rate to the type level the equipment meets as set forth in the FSO Rate Book. Failure of the equipment described herein to meet all FSO Rate Book requirements, or to provide the qualified personnel or equipment within 24 hours, will be cause for release and return to point of hire in pay status.
- C. It is agreed that the hiring entity may inspect the listed equipment and the appropriate training records. These inspections may be pre-season or at incidents during the fire season.
- D. A copy of this certification shall be provided to the Finance/Administration Section Chief or his/her designated representative immediately upon arrival at an incident.
- E. The individuals listed on page 2 meet all of the requirements for the position(s) listed in accordance with National Wildfire Coordinating Group (NWCG), Wildland Fire Qualification System Guide (PMS 310-1) or NFPA Equivalency. Operators must possess an Idaho Drivers License and have the knowledge, skills, and abilities to operate the type and class of equipment listed herein.

I certify that the equipment and personnel listed herein meets the minimum resource typing standards as

| shown in the Idaho Department of Lands <i>Fire Service Organization Rate Book.</i> I hereby certify that I authorized to sign this Certification for Local Government Fire Services Equipment and Personnel. | | | | | |
|--|------|--|--|--|--|
| Fire Chief (Signature) | Date | | | | |

Fire Chief Name (Printed)

CERTIFICATION OF LOCAL GOVERNMENT FIRE SERVICES PERSONNEL

| Name | NWCG Qualification or NFPA Equivalency & Position | | | |
|------|---|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |